

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049885

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12366

STATE FILE NUMBER

FILED DEC 20 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

4429 W. Pine

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

OLGA

Middle

A.

Last

RENICK

4. DATE OF DEATH

Month

Dec.

Day

12

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-16-1890

## 9. AGE (last birthday)

72

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales Clerk-Forest Park

## 10b. KIND OF BUSINESS OR INDUSTRY

Drug

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

August Meier

## 13b. MOTHER'S MAIDEN NAME

Theresa Richards

## 14. NAME OF HUSBAND OR WIFE

Late James E. Renick

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

James E. Renick 4977a Oleatha Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Coronary occlusion

#### INTERVAL BETWEEN ONSET AND DEATH

2 hrs

#### DUE TO (b)

arteriosclerotic Heart Disease

#### DUE TO (c)

420.0

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Dr. J. D. Silveum, M.D. 100 W. Euclid St. St. Louis, Mo. 63103

## Death occurred at

5:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Dr. J. D. Silveum, M.D.

## 22b. ADDRESS

100 W. Euclid St. St. Louis, Mo. 63103

## 22c. DATE SIGNED

12/13/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Dec. 16, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## 24. FUNERAL DIRECTOR

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

DEC 13 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James R. Dunn*

Licensed Embalmer No. 4527

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.